

**2007 TAX RETURN**

Client Copy

**Client:** 450

**Prepared for:** ANTHONY F. and MARGARET FIORITO  
3940-PAWNEE DR  
LIVERPOOL, NY 13090  
Home : 315-652-9256  
Work : 315-422-7000

**Prepared by:** JOHN D. SHANNON, E.A.  
Shannon and Shay  
112 Farrier Ave., Suite 314  
Oneida, NY 13421  
(315) 363-1740

**Date:** June 11, 2008

**Comments:**

**Route to:** \_\_\_\_\_

2007 Individual Return prepared by:

**Shannon and Shay**

112 Farrier Ave., Suite 314  
Oneida, NY 13421

**ANTHONY F. and MARGARET FIORITO**

3940-PAWNEE DR  
LIVERPOOL, NY 13090

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**ANTHONY F. and MARGARET FIORITO**  
**3940-PAWNEE DR**  
**LIVERPOOL, NY 13090**  
Home: 315-652-9256 Work: 315-422-7000

**FEDERAL FORMS**

Form 1040	2007 U.S. Individual Income Tax Return
Form 1040-ES	Estimated Tax Payment Vouchers
Schedule A	Itemized Deductions
Schedule B	Interest and Dividend Income
Schedule C	Profit or Loss From Business
Schedule D	Capital Gains and Losses
Schedule E p2	Supplemental Income and Loss
Schedule SE	Self-Employment Tax
Form 2210	Underpayment of Estimated Tax
Form 4562	Depreciation and Amortization
Form 4797	Sale of Business Property
Form 4868	Application for Automatic Extension
Form 4952	Investment Interest Expense Deduction
Form 6198	Computation of Amount at Risk
Form 8829	Expenses for Business Use of Your Home
Form 8903	Domestic Production Activities Deduction
	Vehicle Expense Worksheet
	Depreciation Schedules

**NEW YORK FORMS**

Form IT-201	2007 New York Resident Income Tax Return
2D Cover Sheets	2D Cover Sheets (Main Forms)
Form IT-2	New York Wage and Tax Statement Summary
Form IT-201-ATT	Summary of Other Credits and Taxes
Form IT-370	Application for Automatic Extension
	Depreciation Schedules

**FEE SUMMARY**

Preparation Fee	\$ 2,865.00
IT-601 NYS(8)	
IT-604 NYS(3)	
IT-606 NYS(7)	
Amount Due	<b>\$ 2,865.00</b>

ANTHONY F. AND MARGARET FIORITO

077-36-5958

	2007	2006	Diff
<b>INCOME</b>			
Wages, salaries, tips, etc.....	411,878	404,036	7,842
Interest income.....	7,946	17,249	-9,303
Dividend income.....	791	696	95
Business income.....	-3,429	-3,398	-31
Capital gain or loss.....	674,063	694	673,369
Rent, royalty, partnership, SCorp, trust	300,394	581,333	-280,939
Other income.....	233,838	155,237	78,601
Total income.....	1,625,481	1,155,847	469,634
<b>ADJUSTMENTS TO INCOME</b>			
One-half of self-employment tax.....	134	1,783	-1,649
IRA deduction.....	10,000	10,000	0
Domestic production activities deduction	905	1,786	-881
Total adjustments.....	11,039	13,569	-2,530
Adjusted gross income.....	1,614,442	1,142,278	472,164
<b>ITEMIZED DEDUCTIONS</b>			
Taxes.....	15,074	31,004	-15,930
Interest.....	4,144	18,639	-14,495
Contributions.....	4,588	5,365	-777
Overall itemized deductions limitation..	-10,487	-19,397	8,910
Total itemized deductions.....	13,319	35,611	-22,292
<b>TAX COMPUTATION</b>			
Standard deduction.....	10,700	10,300	400
Larger of itemized or standard deduction	13,319	35,611	-22,292
Income prior to exemption deduction.....	1,601,123	1,106,667	494,456
Exemption deduction.....	2,266	3,300	-1,034
Taxable income.....	1,596,425	1,103,367	493,058
Tax before credits.....	444,087	359,429	84,658
<b>CREDITS</b>			
Foreign tax credit.....	10	8	2
Total credits.....	10	8	2
Tax after credits.....	444,077	359,421	84,656
<b>OTHER TAXES</b>			
Self-employment tax.....	268	3,565	-3,297
Total tax.....	444,345	362,986	81,359
<b>PAYMENTS</b>			
Federal income tax withheld.....	32,578	114,867	-82,289
Estimated tax payments.....	467,395	199,600	267,795
Excess FICA and RRTA tax withheld.....	1,563	1,575	-12
Credit for federal telephone excise tax.	0	50	-50
Total payments.....	501,536	316,092	185,444
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	57,191	0	57,191
Applied to next year's estimated tax....	50,000	0	50,000
Amount refunded to you.....	7,191	0	7,191
Amount you owe.....	0	46,894	-46,894
<b>TAX RATES</b>			
Marginal tax rate.....	35.0%	25.0%	10.0%
Effective tax rate.....	27.8%	32.9%	-5.1%

ANTHONY F. AND MARGARET FIORITO

077-36-5958

	2007	2006	Diff
<b>NEW YORK TAX SUMMARY</b>			
Federal adjusted gross income.....	1,614,442	1,142,278	472,164
<b>NEW YORK ADDITIONS</b>			
Interest on state and local bonds.....	962	0	962
Other additions.....	671	742	-71
<b>NEW YORK SUBTRACTIONS</b>			
Other subtractions.....	872	948	-76
<b>ADJUSTED GROSS INCOME</b>			
New York adjusted gross income.....	1,615,203	1,142,072	473,131
<b>TAXABLE INCOME</b>			
Itemized/Standard deduction.....	15,000	15,000	0
Dependent exemptions.....	0	1,000	-1,000
New York taxable income.....	1,600,203	1,126,072	474,131
<b>TAX AND CREDITS</b>			
New York state tax.....	109,614	77,136	32,478
Other New York state nonrefundable credi	20,226	35,683	-15,457
Total New York state tax.....	89,388	41,453	47,935
Total state and city taxes and contribut	89,388	41,453	47,935
<b>PAYMENTS</b>			
College tuition credit.....	0	400	-400
Other refundable credits.....	171,768	248,227	-76,459
Total New York state tax withheld.....	10,166	26,664	-16,498
Total payments.....	181,934	275,291	-93,357
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	92,546	233,838	-141,292
Amount refunded to you.....	92,546	233,838	-141,292
Amount you owe.....	0	0	0
<b>TAX RATES</b>			
Marginal tax rate.....	6.85%	6.85%	0.00%
Effective tax rate.....	5.6%	3.7%	1.9%
New York City marginal tax rate.....	0.00%	0.00%	0.00%
Yonkers marginal tax rate.....	0.00%	0.00%	0.00%

ANTHONY F. AND MARGARET FIORITO

077-36-5958

**Forms needed for this return**

Federal: 1040, 1040-ES, Sch A, Sch B, Sch C, Sch D, Sch E p2, Sch SE, 2210  
 4562, 4797, 4868, 4952, 6198, 8829, 8903  
 New York: IT-201, 2D Cover Sheets, IT-2, IT-201-ATT, IT-370

**Tax Rates**

	<u>Marginal</u>	<u>Effective</u>
Federal	35.0%	27.8%
New York	6.9%	5.6%

**Carryovers to 2008**Federal Carryovers

AMT Basis Losses	17,387.
Bus Use of Home Operating Expenses	2,256.
Bus Use of Home Depr/Casualty	31.
AMT Bus Use of Home Operating Exp	2,256.
AMT Bus Use of Home Depr/Casualty	30.

**Estimates****Federal Estimates**

	<u>Estimate</u>	<u>Overpayment</u>	<u>Balance</u>
4/15/08	50,000.	50,000.	0.
6/16/08	50,000.	0.	50,000.
9/15/08	50,000.	0.	50,000.
1/15/09	50,000.	0.	50,000.
Total	<u>\$ 200,000.</u>	<u>\$ 50,000.</u>	<u>\$ 150,000.</u>

**Estimated Rebate Due to Economic Stimulus Act of 2008**

Basic Credit	1,200.
Child Credit	0.
Reduction Due to High Adjusted Gross Income	<u>-1,200.</u>
Total Estimated Rebate	0.

ANTHONY F. AND MARGARET FIORITO

077-36-5958

Federal

Payment Number	Date Due	2007 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1	4/15/08	50,000.				
2	6/16/08		50,000.			
3	9/15/08		50,000.			
4	1/15/09		50,000.			
5						
6						
7						
8						
<b>Total .....</b>		50,000.	150,000.			

State: \_\_\_\_\_

State

Payment Number	Date Due	2007 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1						
2						
3						
4						
5						
6						
7						
8						
<b>Total .....</b>						

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2008 tax return.

ANTHONY E. AND MARGARET FIORITO

077-36-5958

Married Filing Joint generated a tentative tax savings of \$3,459.

<b>SUMMARY</b>	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	1,558,949.	55,493.	1,614,442.	1,614,442.
Itemized deductions	10,298.	5,357.	15,655.	13,319.
Standard deduction	5,350.	5,350.	10,700.	10,700.
Exemptions	1,133.	3,400.	4,533.	2,266.
Taxable Income	1,545,086.	46,743.	1,591,829.	1,596,425.
Total tax	440,299.	8,105.	448,404.	444,345.
Tentative amount due or (overpayment)	183,243.	-236,375.	-53,132.	-57,191.
Tax savings by filing jointly				3,459.
Estimated Rebate Amount		600.	600.	
Marginal tax rate	35%	25%		35%
Amount of income taxed at marginal rate	1,370,236.	14,875.		1,246,725.
Current tax bracket remaining	Top Bracket	17,507.		Top Bracket
<b>INCOME</b>				
Wages, salaries, tips, etc.	352,213.	59,665.	411,878.	411,878.
Taxable interest income	7,312.	634.	7,946.	7,946.
Ordinary dividends	703.	88.	791.	791.
Taxable refunds of state and local income taxes				
Alimony received				
Business income or loss	-3,429.		-3,429.	-3,429.
Capital gain or loss	673,957.	106.	674,063.	674,063.
Other gains or losses				
Taxable IRA distributions				
Taxable pensions and annuities				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	300,394.		300,394.	300,394.
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income	233,838.		233,838.	233,838.
Total income	1,564,988.	60,493.	1,625,481.	1,625,481.
<b>ADJUSTMENTS</b>				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction				
Moving expenses				
One half of self-employment tax	134.		134.	134.
Self-employed SEP, SIMPLE, and qualified plans				
Self employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction	5,000.	5,000.	10,000.	10,000.
Student loan interest deduction				
Tuition and fees deduction				
Domestic production activities deduction	905.		905.	905.
Other adjustments				
Total adjustments	6,039.	5,000.	11,039.	11,039.
Federal adjusted gross income	1,558,949.	55,493.	1,614,442.	1,614,442.

**Note:** This comparison has been computed without certain credits and certain other taxes. These items may change the final results.

	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
<b>ITEMIZED DEDUCTIONS</b>				
Medical and dental				
Taxes	11,914.	3,160.	15,074.	15,074.
Interest	3,174.	828.	4,002.	4,144.
Contributions	3,351.	1,237.	4,588.	4,588.
Casualty and theft				
Miscellaneous (subject to 2% of AGI)		132.	132.	
Other miscellaneous deductions				
Overall itemized deductions limitation	-8,141.		-8,141.	-10,487.
Total itemized deductions	10,298.	5,357.	15,655.	13,319.
<b>TAX CALCULATION</b>				
Standard deduction	5,350.	5,350.		10,700.
Higher of itemized or standard deduction	10,298.	5,350.	15,648.	13,319.
Income prior to exemption deduction	1,548,651.	50,143.	1,598,794.	1,601,123.
Exemptions	1,133.	3,400.	4,533.	2,266.
Taxable income	1,545,086.	46,743.	1,591,829.	1,596,425.
Tax	440,041.	8,105.	448,146.	444,087.
Alternative minimum tax				
Child care credit				
Elderly and disabled credit				
Education credits				
Residential energy credit				
Foreign tax credit	10.		10.	10.
Child tax credit				
Retirement savings contributions credit				
DC homebuyer/Mortgage interest/Adoption credit				
General business credit				
Minimum tax credit				
Other credits				
Tax after credits	440,031.	8,105.	448,136.	444,077.
<b>OTHER TAXES</b>				
Self-employment tax	268.		268.	268.
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Advance earned income credit payments				
Household employment taxes				
Other taxes				
Total tax	440,299.	8,105.	448,404.	444,345.
<b>PAYMENTS</b>				
Federal income tax withheld	21,795.	10,783.	32,578.	32,578.
Estimated tax payments	233,698.	233,697.	467,395.	467,395.
Earned income credit				
Excess social security and RRTA tax withheld	1,563.		1,563.	1,563.
Additional child tax credit				
Amount paid with extension				
Other payments				
Refundable credit for prior year minimum tax				
Total payments	257,056.	244,480.	501,536.	501,536.
Tentative amount due or (overpayment)	183,243.	-236,375.	-53,132.	-57,191.

Mail to: Internal Revenue Service  
P.O. Box 37001  
Hartford, CT 06176-0001

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **4/15/2008**

# 2008 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and "2008 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	
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FDIA1901L 07/24/07 1030

077-36-5958 078-40-1238  
ANTHONY F. FIORITO  
MARGARET FIORITO  
3940-PAWNEE DR  
LIVERPOOL, NY 13090

P0 Box 37001  
Hartford

CT 06176-0001

077365958 LJ FIOR 30 0 200812 430

Mail to: Internal Revenue Service  
P.O. Box 37001  
Hartford, CT 06176-0001

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **6/16/2008**

## 2008 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and "2008 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order..... ▶

50,000.

FDIA1902L 07/24/07

1030

077-36-5958 078-40-1238  
ANTHONY F. FIORITO  
MARGARET FIORITO  
3940-PAWNEE DR  
LIVERPOOL, NY 13090

P0 Box 37001  
Hartford

CT 06176-0001

077365958 LJ FIOR 30 0 200812 430

Mail to: Internal Revenue Service  
P.O. Box 37001  
Hartford, CT 06176-0001

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 9/15/2008

# 2008 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and "2008 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... ▶	50,000.
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FDIA1904L 07/24/07 1030

077-36-5958 078-40-1238  
ANTHONY F. FIORITO  
MARGARET FIORITO  
3940-PAWNEE DR  
LIVERPOOL, NY 13090

P0 Box 37001  
Hartford

CT 06176-0001

077365958 LJ FIOR 30 0 200812 430

Mail to: Internal Revenue Service  
P.O. Box 37001  
Hartford, CT 06176-0001

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 1/15/2009

# 2008 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and "2008 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

50,000.

FDIA1905L 07/24/07 1030

077-36-5958 078-40-1238  
ANTHONY F. FIORITO  
MARGARET FIORITO  
3940-PAWNEE DR  
LIVERPOOL, NY 13090

P0 Box 37001  
Hartford

CT 06176-0001

077365958 LJ FIOR 30 0 200812 430

Mail Form 4868 to:

Department of the Treasury  
Internal Revenue Service Center  
Andover, MA 05501-0002

▲ Detach Here ▲

Form **4868**

Department of the Treasury  
Internal Revenue Service

**Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**

For calendar year 2007, or other tax year beginning

, 2007, ending

1030  
FDIA4601L 08/15/07

**2007**

Part I Identification		Part II Individual Income Tax	
1	ANTHONY F. FIORITO MARGARET FIORITO Shannon and Shay 112 Farrier Ave., Suite 314 Oneida, NY 13421	4	Estimate of total tax liability for 2007..... \$ 444,345.
2	077-36-5958	5	Total 2007 payments..... 501,536.
3	078-40-1238	6	<b>Balance due.</b> Subtract line 5 from line 4 (see instructions)..... 0.
		7	Amount you are paying (see instructions)..... ▶ 0.
		8	Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions)..... ▶ <input type="checkbox"/>
		9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding..... ▶ <input type="checkbox"/>

077365958 LJ FIOR 30 0 200712 670

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20
OMB No. 1545-0074
Your first name MI Last name ANTHONY F. FIORITO
Your social security number 077-36-5958
If a joint return, spouse's first name MI Last name MARGARET FIORITO
Spouse's social security number 078-40-1238
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 3940-PAWNEE DR
You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. State ZIP code LIVERPOOL, NY 13090
Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [X] You [X] Spouse

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here . . .
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 [ ] Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions.

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a.
b [X] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs)
Boxes checked on 6a and 6b . . . 2
No. of children on 6c who:
• lived with you . . .
• did not live with you due to divorce or separation (see instrs) . . .
Dependents on 6c not entered above . . .
Add numbers on lines above . . . 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . 7 411,878.
8a Taxable interest. Attach Schedule B if required . . . 8a 7,946.
b Tax-exempt interest. Do not include on line 8a. . . 8b 1,035.
9a Ordinary dividends. Attach Schedule B if required . . . 9a 791.
b Qualified dividends (see instrs). . . 9b 177.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . 10
11 Alimony received . . . 11
12 Business income or (loss). Attach Schedule C or C-EZ . . . 12 -3,429.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. . . 13 674,063.
14 Other gains or (losses). Attach Form 4797 . . . 14
15a IRA distributions . . . 15a b Taxable amount (see instrs) . . . 15b
16a Pensions and annuities . . . 16a b Taxable amount (see instrs) . . . 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . 17 300,394.
18 Farm income or (loss). Attach Schedule F . . . 18
19 Unemployment compensation . . . 19
20a Social security benefits. . . 20a b Taxable amount (see instrs) . . . 20b
21 Other income QEZE TAX REFUND YR 2006 . . . 21 233,838.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . 22 1,625,481.

Adjusted Gross Income

23 Educator expenses (see instructions) . . . 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . 24
25 Health savings account deduction. Attach Form 8889 . . . 25
26 Moving expenses. Attach Form 3903 . . . 26
27 One-half of self-employment tax. Attach Schedule SE. . . 27 134.
28 Self-employed SEP, SIMPLE, and qualified plans. . . 28
29 Self-employed health insurance deduction (see instructions). . . 29
30 Penalty on early withdrawal of savings . . . 30
31a Alimony paid b Recipient's SSN. . . 31a
32 IRA deduction (see instructions) . . . 32 10,000.
33 Student loan interest deduction (see instructions). . . 33
34 Tuition and fees deduction. Attach Form 8917 . . . 34
35 Domestic production activities deduction. Attach Form 8903 . . . 35 905.
36 Add lines 23 - 31a and 32 - 35 . . . 36 11,039.
37 Subtract line 36 from line 22. This is your adjusted gross income . . . 37 1,614,442.

**Tax and Credits**

**Standard Deduction for –**  
 • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  
 • All others:  
 Single or Married filing separately, \$5,350  
 Married filing jointly or Qualifying widow(er), \$10,700  
 Head of household, \$7,850

<b>38</b>	Amount from line 37 (adjusted gross income) .....	<b>38</b>	1,614,442.
<b>39a</b>	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	<input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <b>39b</b> <input type="checkbox"/>		
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	<b>40</b>	13,319.
<b>41</b>	Subtract line 40 from line 38 .....	<b>41</b>	1,601,123.
<b>42</b>	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions .....	<b>42</b>	2,266.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	<b>43</b>	1,596,425.
<b>44</b>	<b>Tax</b> (see instrs). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/> Form(s) 8889 .....	<b>44</b>	444,087.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251 .....	<b>45</b>	0.
<b>46</b>	Add lines 44 and 45 .....	<b>46</b>	444,087.
<b>47</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>47</b>	
<b>48</b>	Credit for the elderly or the disabled. Attach Schedule R .....	<b>48</b>	
<b>49</b>	Education credits. Attach Form 8863 .....	<b>49</b>	
<b>50</b>	Residential energy credits. Attach Form 5695 .....	<b>50</b>	
<b>51</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>51</b>	10.
<b>52</b>	Child tax credit (see instructions). Attach Form 8901 if required .....	<b>52</b>	
<b>53</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>53</b>	
<b>54</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859 <b>c</b> <input type="checkbox"/> Form 8839 .....	<b>54</b>	
<b>55</b>	Other credits: <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Form .....	<b>55</b>	
<b>56</b>	Add lines 47 through 55. These are your <b>total credits</b> .....	<b>56</b>	10.
<b>57</b>	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- .....	<b>57</b>	444,077.

**Other Taxes**

<b>58</b>	Self-employment tax. Attach Schedule SE .....	<b>58</b>	268.
<b>59</b>	Unreported social security and Medicare tax from: <b>a</b> <input type="checkbox"/> Form 4137 <b>b</b> <input type="checkbox"/> Form 8919 .....	<b>59</b>	
<b>60</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	<b>60</b>	
<b>61</b>	Advance earned income credit payments from Form(s) W-2, box 9 .....	<b>61</b>	
<b>62</b>	Household employment taxes. Attach Schedule H .....	<b>62</b>	
<b>63</b>	Add lines 57-62. This is your <b>total tax</b> .....	<b>63</b>	444,345.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099 .....	<b>64</b>	32,578.
<b>65</b>	2007 estimated tax payments and amount applied from 2006 return .....	<b>65</b>	467,395.
<b>66a</b>	<b>Earned income credit (EIC)</b> .....	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election. <b>66b</b> <input type="checkbox"/>		
<b>67</b>	Excess social security and tier 1 RRTA tax withheld (see instructions) .....	<b>67</b>	1,563.
<b>68</b>	Additional child tax credit. Attach Form 8812 .....	<b>68</b>	
<b>69</b>	Amount paid with request for extension to file (see instructions) .....	<b>69</b>	
<b>70</b>	Payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885 .....	<b>70</b>	
<b>71</b>	Refundable credit for prior year minimum tax from Form 8801, line 27 .....	<b>71</b>	
<b>72</b>	Add lines 64, 65, 66a, and 67 through 71. These are your <b>total payments</b> .....	<b>72</b>	501,536.

**Refund**

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

<b>73</b>	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b> .....	<b>73</b>	57,191.
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here. <input type="checkbox"/> <b>74a</b>		7,191.
	<b>b</b> Routing number. XXXXXXXXXXXX <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
<b>75</b>	Amount of line 73 you want applied to your 2008 estimated tax .....	<b>75</b>	50,000.

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 63. For details on how to pay, see instructions .....	<b>76</b>	
<b>77</b>	Estimated tax penalty (see instructions) .....	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete the following.  **No**  
 Designee's name **JOHN D. SHANNON, E.A.** Phone no. **315-363-1740** Personal identification number (PIN) **68562**

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		PROPERTY MANAGER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		ADMINISTRATIVE	

**Paid Preparer's Use Only**

Preparer's signature <b>JOHN D. SHANNON, E.A.</b>	Date <b>6/11/08</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <b>P00068562</b>
Firm's name (or yours if self-employed) <b>Shannon and Shay</b>	Address <b>112 Farrier Ave., Suite 314</b>		EIN <b>16-1428757</b>
Address <b>Oneida, NY 13421</b>		Phone no. <b>(315) 363-1740</b>	

Form **2210**

Department of the Treasury  
Internal Revenue Service

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.  
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

2007

Attachment  
Sequence No. **06**

Name(s) shown on tax return

**ANTHONY F. AND MARGARET FIORITO**

Identifying number

**077-36-5958**

## Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	<b>Do not file Form 2210.</b> You do not owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You do not owe a penalty. <b>Do not file Form 2210</b> (but if box <b>E</b> below applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You <b>must</b> file Form 2210. Does box <b>B, C,</b> or <b>D</b> apply?
No		
<b>Do not file Form 2210.</b> You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but <b>do</b> <b>not file Form 2210.</b>		You <b>must</b> figure your penalty.
<b>Do not file Form 2210.</b> You are <b>not</b> required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but <b>file only page 1 of Form 2210.</b>		

### Part I Required Annual Payment (see instructions)

1 Enter your 2007 tax after credits from Form 1040, line 57 (or comparable line of your return) . . . . .	1	444,077.
2 Other taxes, including self-employment tax (see instructions). . . . .	2	268.
3 Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on fuels, health coverage tax credit, and refundable credit for prior year minimum tax . . . . .	3	0.
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, you do not owe a penalty; <b>do not file Form 2210</b> . . . . .	4	444,345.
5 Multiply line 4 by 90% (.90). . . . .	5	399,911.
6 Withholding taxes. <b>Do not</b> include estimated tax payments. (see instructions). . . . .	6	34,141.
7 Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; <b>do not file Form 2210</b> . . . . .	7	410,204.
8 Maximum required annual payment based on prior year's tax (see instructions). . . . .	8	399,285.
9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	399,285.

Next: Is line 9 more than line 6?

- No.** You **do not** owe a penalty. **Do not file Form 2210** unless box **E** below applies.
- Yes.** You may owe a penalty, but **do not file Form 2210** unless one or more boxes in Part II below applies.
- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
  - If only box **A** or **E** (or both) applies, file only page 1 of Form 2210. You are **not** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

### Part II Reasons for Filing. Check applicable boxes. If none apply, **do not file Form 2210.**

- A**  You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B**  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C**  Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D**  Your penalty is lower when figured by treating the federal income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E**  You filed or are filing a joint return for either 2006 or 2007, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box **B, C,** or **D** applies).

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

Form **2210** (2007)

**Part IV Regular Method** (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A – Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/07	(b) 6/15/07	(c) 9/15/07	(d) 1/15/08	
<b>18 Required installments.</b> If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column.	18	1,559.	1,940.	633.	395,153.
<b>19</b> Estimated tax paid and tax withheld (see instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. <b>Do not file Form 2210 unless you checked a box in Part II.</b>	19	70,296.	70,295.	70,295.	290,650.
<b>Complete lines 20 through 26 of one column before going to line 20 of the next column.</b>					
<b>20</b> Enter the amount, if any, from line 26 in the previous column.	20		68,737.	137,092.	206,754.
<b>21</b> Add lines 19 and 20.	21		139,032.	207,387.	497,404.
<b>22</b> Add the amounts on lines 24 & 25 in previous column.	22				
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19.	23	70,296.	139,032.	207,387.	497,404.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-.	24		0.	0.	
<b>25 Underpayment.</b> If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26.	25				
<b>26</b> Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column.	26	68,737.	137,092.	206,754.	

**Section B – Figure the Penalty** (Complete lines 27 through 30 of one column before going to the next column.)

RATE PERIOD 1	<b>April 16, 2007 – December 31, 2007</b>					
		4/15/07	6/15/07	9/15/07		
		Days:	Days:	Days:		
<b>27</b> Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 12/31/07, whichever is earlier.	27					
<b>28</b> Underpayment on line 25 x $\frac{\text{Number of days on line 27}}{365}$ x .08	28	\$	\$	\$		
RATE PERIOD 2	<b>January 1, 2008 – April 15, 2008</b>					
		12/31/07	12/31/07	12/31/07		1/15/08
		Days:	Days:	Days:		Days:
<b>29</b> Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 4/15/08, whichever is earlier.	29					
<b>30</b> Underpayment on line 25 x $\frac{\text{Number of days on line 29}}{366}$ x .07	30	\$	\$	\$	\$	
<b>31 Penalty.</b> Add all amounts on lines 28 and 30 in all columns. Enter the total here and on Form 1040, line 77; Form 1040A, line 47; Form 1040NR, line 75; Form 1040NR-EZ, line 26; or Form 1041, line 26, <b>but do not file Form 2210 unless you checked a box in Part II.</b>	31	\$			\$	

ANTHONY F. AND MARGARET FIORITO

077-36-5958

CAPITAL GAIN INCOME WAS GENERATED IN LATE NOV 2007 DUE TO SALE OF PROPERTY.  
\$672,830. GAIN

ESTIMATED TAX WAS PAID ON THE ABOVE BY JANUARY 15, 2008.

**Schedule AI – Annualized Income Installment Method** (see instructions)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/07, 4/30/07, 7/31/07, and 11/30/07.

	(a)	(b)	(c)	(d)
	1/1/07 - 3/31/07	1/1/07 - 5/31/07	1/1/07 - 8/31/07	1/1/07 - 12/31/07

**Part I Annualized Income Installments**

1	Enter your adjusted gross income for each period (see instrs.). (Estates and trusts, enter your taxable income without your exemption for each period.) . . .	1	29,835.	52,072.	75,965.	1,614,442.
2	Annualization amounts. (Estates & trusts, see instrs.)	2	4	2.4	1.5	1
3	Annualized income. Multiply line 1 by line 2 . . . . .	3	119,340.	124,973.	113,948.	1,614,442.
4	Enter your itemized dedns for the period shown in each col. If you do not itemize, enter -0- and skip to line 7. (Estates & trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.) . . . . .	4	5,952.	9,920.	15,871.	23,806.
5	Annualization amounts . . . . .	5	4	2.4	1.5	1
6	Multiply line 4 by line 5 (see instructions if line 3 is more than \$78,200) . . . . .	6	23,808.	23,808.	23,807.	13,319.
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-EZ filers, enter -0-. <b>Exception:</b> Indian students and business apprentices, enter standard deduction from Form 1040NR, line 37, or Form 1040NR-EZ, line 11.) . . . . .	7	10,700.	10,700.	10,700.	10,700.
8	Enter the larger of line 6 or line 7 . . . . .	8	23,808.	23,808.	23,807.	13,319.
9	Subtract line 8 from line 3 . . . . .	9	95,532.	101,165.	90,141.	1,601,123.
10	In each column, multiply \$3,400 by the total number of exemptions claimed (see instructions if line 3 is more than \$117,300). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.) . . . . .	10	6,800.	6,800.	6,800.	2,267.
11	Subtract line 10 from line 9 . . . . .	11	88,732.	94,365.	83,341.	1,598,856.
12	Figure your tax on the amount on line 11 (see instrs)	12	6,940.	7,785.	6,131.	444,087.
13	Self-employment tax from line 34 below (complete Part II) . . . . .	13				268.
14	Enter other taxes for each payment per (see instrs) . . . . .	14				
15	Total tax. Add lines 12, 13, and 14 . . . . .	15	6,940.	7,785.	6,131.	444,355.
16	For each period, enter the same type of credits as allowed on Form 2210, lines 1 and 3 (see instrs) . . . . .	16	10.	10.	10.	10.
17	Subtract ln 16 from ln 15. If zero or less, enter -0- . . . . .	17	6,930.	7,775.	6,121.	444,345.
18	Applicable percentage . . . . .	18	22.5%	45%	67.5%	90%
19	Multiply line 17 by line 18 . . . . .	19	1,559.	3,499.	4,132.	399,911.
<b>Complete lines 20 - 25 of one column before going to line 20 of the next column.</b>						
20	Enter the totl of the amts in all prev columns of ln 25	20		1,559.	3,499.	4,132.
21	Subtract ln 20 from ln 19. If zero or less, enter -0- . . . . .	21	1,559.	1,940.	633.	395,779.
22	Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column . . . . .	22	99,821.	99,821.	99,821.	99,822.
23	Subtract line 25 of the previous column from line 24 of that column . . . . .	23		98,262.	196,143.	295,331.
24	Add lines 22 and 23 . . . . .	24	99,821.	198,083.	295,964.	395,153.
25	Enter the smaller of line 21 or line 24 here and on Form 2210, line 18 . . . . . ▶	25	1,559.	1,940.	633.	395,153.

**Part II Annualized Self-Employment Tax** (Form 1040 filers only)

Taxpayer

26	Net earnings from self-employment for the period (see instructions) . . . . .	26				9,248.
27	Prorated social security tax limit . . . . .	27	\$24,375	\$40,625	\$65,000	\$97,500
28	Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax . . . . .	28				122,713.
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	0.	0.	0.	0.
30	Annualization amounts . . . . .	30	0.496	0.2976	0.186	0.124
31	Multiply line 30 by the smaller of line 26 or line 29 . . . . .	31				
32	Annualization amounts . . . . .	32	0.116	0.0696	0.0435	0.029
33	Multiply line 26 by line 32 . . . . .	33				268.
34	Add lines 31 and 33. Enter here and on line 13 above . . . . . ▶	34				268.

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**ANTHONY F. AND MARGARET FIORITO**

**077-36-5958**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) . . . . .	1		
	2	Enter amount from Form 1040, line 38. . . . .	2		
	3	Multiply line 2 by 7.5% (.075) . . . . .	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4	0.	
<b>Taxes You Paid</b>  (See instructions.)	<b>5 State and local (check only one box):</b>		5		
	a	<input checked="" type="checkbox"/> Income taxes, or		10,166.	
	b	<input type="checkbox"/> General sales taxes.			
	6	Real estate taxes (see instructions) . . . . . See Statement 2	6	4,908.	
	7	Personal property taxes . . . . .	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8 . . . . .	9	15,074.	
	<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098 . . . . .	10	
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		
		-----			
		-----			
		-----	11		
<b>Note.</b> Personal interest is not deductible.		12	Points not reported to you on Form 1098. See instrs for spll rules . . . . .	12	
	13	Qualified mortgage insurance premiums (see instructions) . . . . .	13		
	14	Investment interest. Attach Form 4952 if required. (See instrs.) . . . . . Stmt. 3	14	4,144.	
	15	Add lines 10 through 14 . . . . .	15	4,144.	
	<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs. . . . . See Statement 4	16	4,588.
17		Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. . . . .	17		
18		Carryover from prior year . . . . .	18		
19		Add lines 16 through 18 . . . . .	19	4,588.	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0.	
<b>Other Miscellaneous Deductions</b>  (See instructions.)	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees . . . . .	22	2,485.	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23 . . . . .	24	2,485.	
	25	Enter amount from Form 1040, line 38. . . . .	25	1,614,442.	
	26	Multiply line 25 by 2% (.02) . . . . .	26	32,289.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0.	
<b>Total Itemized Deductions</b>	28	Other — from list in the instructions. List type and amount ▶	28	0.	
	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.		-10,487.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶		13,319.	

Name(s) shown on Form 1040.

Your social security number

ANTHONY F. AND MARGARET FIORITO

077-36-5958

**Schedule B – Interest and Ordinary Dividends**

Attachment Sequence No. **08**

**Part I  
Interest**

(See instructions for Form 1040, line 8a.)

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address	
	600 ERIE PLACE PTR	296.
	ATRIUM ASSOCIATES, L.L.C.	1,226.
	C B D BUILDERS LLC	795.
	CENTRAL NEW YORK ASSOCIATES LLC	1.
	CITI BANK	88.
	COOLIDGE SALINA STREET LLC	134.
	GEDDES FEDERAL	1,124.
	HOUSING PARTNERSHIP	246.
	HOUSING PTR	2,779.
	J P MORGAN CHASE	344.
	KEY BANK NATIONAL	634.
	MERRILL LYNCH	134.
	STATE TOWER REALTY ASSOC. INC.	145.
2	Add the amounts on line 1	7,946.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	7,946.

**Note.** If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary Dividends**

(See instructions for Form 1040, line 9a.)

**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer	
	215 WALLACE ST PTR	13.
	600 ERIE PLACE PTR	4.
	MERRILL LYNCH	667.
	MERRILL LYNCH	88.
	METLIFE	19.
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	791.

**Note.** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

(See instructions.)

		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7a	At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1		X
b	If 'Yes,' enter the name of the foreign country		
8	During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions		X

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.**  
▶ **Attach to Form 1040, 1040NR, or 1041.** ▶ **See Instructions for Schedule C (Form 1040).**

Name of proprietor  
**ANTHONY F. FIORITO**

Social security number (SSN)  
**077-36-5958**

**A** Principal business or profession, including product or service (see instructions)  
**REAL ESTATE MANAGER AND ARCHITECT**

**B** Enter code from instructions  
▶ **531310**

**C** Business name. If no separate business name, leave blank.  
**TONY F FIORITO**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ▶ **3940 PAWNEE DR**  
City, town or post office, state, and ZIP code **LIVERPOOL, N. Y.**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on losses. ...  **Yes**  **No**

**H** If you started or acquired this business during 2007, check here ▶

**Part I** **Income**

1	Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	<input type="checkbox"/>	1	
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	
4	Cost of goods sold (from line 42 on page 2)		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3		5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	<b>Gross income.</b> Add lines 5 and 6		7	

**Part II** **Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9	2,884.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal & professional services	17		25	Utilities	25	
27				26	Wages (less employment credits)	26	
27				27	Other expenses (from line 48 on page 2)	27	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	28		28		28	2,884.
29	Tentative profit (loss). Subtract line 28 from line 7	29		29		29	-2,884.
30	Expenses for business use of your home. Attach <b>Form 8829</b>	30		30		30	545.
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you <b>must</b> go to line 32.	31		31		31	-3,429.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

Schedule **C** (Form 1040) 2007

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **12**

Name(s) shown on return

ANTHONY F. AND MARGARET FIORITO

Your social security number

077-36-5958

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 PIONEER MUNI	7/31/07	9/05/07	25,005.	25,000.	5.
A7 TE PFD-PIONEER	7/31/07	10/01/07	25,000.	25,000.	0.
2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . .		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) . . . . .		3	50,005.		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824. . . . .					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .					6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) . . . . .					7 5.

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 NATIONWIDE INVESTORS	8/08/05	5/15/07	23.	20.	3.
DREYFUS	8/08/05	5/15/07	104.	109.	-5.
REAL BONFIRE LLC-VINEGAR HILL LLC	1/01/05	1/01/07	26,624.	26,624.	0.
9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . .		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) . . . . .		10	26,751.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824. . . . .					11 672,830.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .					12
13 Capital gain distributions. See instrs. . . . .					13 1,230.
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .					14
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2. . . . .					15 674,058.

BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2007

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result.....</p>	<p><b>16</b></p>	<p>674,063.</p>
<p>If line 16 is:</p>		
<ul style="list-style-type: none"> <li>• A <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• A <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• <b>Zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions.....</p>	<p><b>18</b></p>	<p>0.</p>
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions.....</p>	<p><b>19</b></p>	<p>479,789.</p>
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><input checked="" type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ].....</li> </ul>	<p><b>21</b></p>	
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

**ANTHONY F. AND MARGARET FIORITO**

**077-36-5958**

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

**Note.** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? . . . .  Yes  No  
If you answered 'Yes,' see instructions before completing this section.

<b>28</b>	<b>(a)</b> Name	<b>(b)</b> Enter <b>P</b> for partnership; <b>S</b> for S corporation	<b>(c)</b> Check if foreign partnership	<b>(d)</b> Employer identification number	<b>(e)</b> Check if any amount is not at risk
<b>A</b>	See Statement 5				
<b>B</b>					
<b>C</b>					
<b>D</b>					

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
<b>(f)</b> Passive loss allowed (attach Form 8582 if required)	<b>(g)</b> Passive income from Schedule K-1	<b>(h)</b> Nonpassive loss from Schedule K-1	<b>(i)</b> Section 179 expense deduction from Form 4562	<b>(j)</b> Nonpassive income from Schedule K-1
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29a</b> Totals . . . . .		256,513.		91,589.
<b>b</b> Totals . . . . .	39,111.		8,597.	
<b>30</b> Add columns (g) and (j) of line 29a . . . . .			<b>30</b>	348,102.
<b>31</b> Add columns (f), (h), and (i) of line 29b . . . . .			<b>31</b>	-47,708.
<b>32</b> <b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . .			<b>32</b>	300,394.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	<b>(a)</b> Name	<b>(b)</b> Employer ID no.
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>	
<b>(c)</b> Passive deduction or loss allowed (attach Form 8582 if required)	<b>(d)</b> Passive income from Schedule K-1	<b>(e)</b> Deduction or loss from Schedule K-1	<b>(f)</b> Other income from Schedule K-1
<b>A</b>			
<b>B</b>			
<b>34a</b> Totals . . . . .			
<b>b</b> Totals . . . . .			
<b>35</b> Add columns (d) and (f) of line 34a . . . . .			<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b . . . . .			<b>36</b>
<b>37</b> <b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. Enter the result here and include in the total on line 41 below . . . . .			<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

<b>38</b>	<b>(a)</b> Name	<b>(b)</b> Employer identification number	<b>(c)</b> Excess inclusion from Schedules Q, line 2c (see instructions)	<b>(d)</b> Taxable income (net loss) from Schedules Q, line 1b	<b>(e)</b> Income from Schedules Q, line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below . . . . .				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 . . . . .	<b>41</b>	300,394.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see instructions) . . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	<b>43</b>	

Name of person with self-employment income (as shown on Form 1040)

ANTHONY F. FIORITO

Social security number of person with self-employment income ▶

077-36-5958

**Section B – Long Schedule SE**

**Part I Self-Employment Tax**

See Statement 6

**Note.** If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See instructions.

<p><b>A</b> If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I. <input type="checkbox"/></p>		
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip this line if you use the farm optional method (see instructions).	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions).	10,014.
3	Combine lines 1 and 2.	10,014.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3.	9,248.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	
4c	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue. ▶	9,248.
5a	Enter your <b>church employee income</b> from Form W-2. See the instructions for definition of church employee income.	5a
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.	0.
6	<b>Net earnings from self-employment.</b> Add lines 4c and 5b.	9,248.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2007.	97,500.
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$97,500 or more, skip lines 8b through 10, and go to line 11.	8a 122,713.
8b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
8c	Wages subject to social security tax (from Form 8919, line 10)	8c
8d	Add lines 8a, 8b, and 8c.	8d
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. ▶	9
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (.124).	10
11	Multiply line 6 by 2.9% (.029).	268.
12	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Form 1040, line 58</b> .	12 268.
13	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (.5). Enter the result here and on <b>Form 1040, line 27</b> .	13 134.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

<p><b>Farm Optional Method.</b> You may use this method <b>only</b> if (a) your gross farm income<sup>(1)</sup> was not more than \$2,400 or (b) your net farm profits<sup>(2)</sup> were less than \$1,733.</p>		
14	Maximum income for optional methods.	1,600.
15	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>(1)</sup> (not less than zero) or \$1,600. Also, include this amount on line 4b above.	15
<p><b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if (a) your net nonfarm profits<sup>(3)</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income<sup>(4)</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.</p> <p><b>Caution.</b> You may use this method no more than five times.</p>		
16	Subtract line 15 from line 14.	16
17	Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>(4)</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above.	17

(1) From Schedule F, line 11, and Schedule K-1 (Form 1065), box 14, code B.

(3) From Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B), box 9, code J1.

(2) From Schedule F, line 36, and Schedule K-1 (Form 1065), box 14, code A.

(4) From Schedule C, line 7; Schedule C-EZ, line 1; Schedule K-1 (Form 1065), box 14, code C; and Schedule K-1 (Form 1065-B), box 9, code J2.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

Name(s) shown on return <b>ANTHONY F. AND MARGARET FIORITO</b>	Identifying number <b>077-36-5958</b>
---	--

**1** Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) ..... **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft – Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						672,830.
	EDPA FRANKLIN APT HOUSE (Non	6/01/86	1/01/07		25,119.	27,556.	0.
	deduct.-IRC Sec. 267)						

3 Gain, if any, from Form 4684, line 39 .....	<b>3</b>	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>	
6 Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: ..... <b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.	<b>7</b>	672,830.
<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8 Nonrecaptured net section 1231 losses from prior years (see instructions) .....	<b>8</b>	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) .....	<b>9</b>	

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


11 Loss, if any, from line 7 .....	<b>11</b>	
12 Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>	
13 Gain, if any, from line 31 .....	<b>13</b>	
14 Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>	
17 Combine lines 10 through 16 .....	<b>17</b>	
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from 'Form 4797, line 18a.' See instructions .....		
	<b>18a</b>	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 .....		
	<b>18b</b>	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**  
▶ **See separate instructions.**

**2007**  
Attachment  
Sequence No. **31**

Name(s) shown on return

Identifying number

**ANTHONY F. AND MARGARET FIORITO**

**077-36-5958**

Description of activity (see instructions)

**VINEGAR HILL, LLC 20-1308042**

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts**  
(see instructions).

<b>1</b> Ordinary income (loss) from the activity (see the instructions) .....	<b>1</b>	<b>-24,270.</b>
<b>2</b> Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
<b>a</b> Schedule D .....	<b>2a</b>	
<b>b</b> Form 4797 .....	<b>2b</b>	
<b>c</b> Other form or schedule .....	<b>2c</b>	
<b>3</b> Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c .....	<b>3</b>	
<b>4</b> Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c .....	<b>4</b>	
<b>5</b> Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form .....	<b>5</b>	<b>-24,270.</b>

**Part II Simplified Computation of Amount at Risk.** See instructions before completing this part.

<b>6</b> Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. <b>Do not</b> enter less than zero .....	<b>6</b>	<b>622,184.</b>
<b>7</b> Increases for the tax year (see instructions) .....	<b>7</b>	
<b>8</b> Add lines 6 and 7 .....	<b>8</b>	<b>622,184.</b>
<b>9</b> Decreases for the tax year (see instructions) .....	<b>9</b>	<b>191,511.</b>
<b>10a</b> Subtract line 9 from line 8 .....	<b>10a</b>	<b>430,673.</b>
<b>b</b> If line 10a is <b>more</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Publication 925</b> for information on the recapture rules .....	<b>10b</b>	<b>430,673.</b>

**Part III Detailed Computation of Amount at Risk.** If you completed Part III of Form 6198 for 2006, see instructions.

<b>11</b> Investment in the activity (or in your interest in the activity) at the effective date. <b>Do not</b> enter less than zero .....	<b>11</b>	
<b>12</b> Increases at effective date .....	<b>12</b>	
<b>13</b> Add lines 11 and 12 .....	<b>13</b>	
<b>14</b> Decreases at effective date .....	<b>14</b>	
<b>15</b> Amount at risk (check box that applies):		
<b>a</b> <input type="checkbox"/> At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero. ....	<b>15</b>	
<b>b</b> <input type="checkbox"/> From 2006 Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of the 2006 form. ....		
<b>16</b> Increases since (check box that applies):		
<b>a</b> <input type="checkbox"/> Effective date <b>b</b> <input type="checkbox"/> The end of your 2006 tax year .....	<b>16</b>	
<b>17</b> Add lines 15 and 16 .....	<b>17</b>	
<b>18</b> Decreases since (check box that applies):		
<b>a</b> <input type="checkbox"/> Effective date <b>b</b> <input type="checkbox"/> The end of your 2006 tax year .....	<b>18</b>	
<b>19a</b> Subtract line 18 from line 17 .....	<b>19a</b>	
<b>b</b> If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Publication 925</b> for information on the recapture rules .....	<b>19b</b>	

**Part IV Deductible Loss**

<b>20</b> <b>Amount at risk.</b> Enter the <b>larger</b> of line 10b or line 19b .....	<b>20</b>	<b>430,673.</b>
<b>21</b> <b>Deductible loss.</b> Enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover .....	<b>21</b>	<b>-24,270.</b>

**Note:** If the loss is from a passive activity, see the Instructions for **Form 8582**, *Passive Activity Loss Limitations*, or the Instructions for **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

Form **4952****Investment Interest Expense Deduction**

OMB No. 1545-0191

Department of the Treasury  
Internal Revenue Service▶ **Attach to your tax return.****2007**Attachment  
Sequence No. **51**

Name(s) shown on return

ANTHONY F. AND MARGARET FIORITO

Identifying number

077-36-5958

**Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2007 (see instructions) .....	1	2,204.
2	Disallowed investment interest expense from 2006 Form 4952, line 7. ....	2	1,940.
3	<b>Total investment interest expense.</b> Add lines 1 and 2. ....	3	4,144.

**Part II Net Investment Income**

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) .....	4a	8,737.	
4b	Qualified dividends included on line 4a. ....	4b	177.	
4c	Subtract line 4b from line 4a. ....	4c		8,560.
4d	Net gain from the disposition of property held for investment .....	4d	1,233.	
4e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) .....	4e	1,228.	
4f	Subtract line 4e from line 4d. ....	4f		5.
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) .....	4g		
4h	Investment income. Add lines 4c, 4f, and 4g. ....	4h		8,565.
5	Investment expenses (see instructions) .....	5		
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0- .....	6		8,565.

**Part III Investment Interest Expense Deduction**

7	Disallowed investment interest expense to be carried forward to 2008. Subtract line 6 from line 3. If zero or less, enter -0- .....	7		0.
8	<b>Investment interest expense deduction</b> Enter the <b>smaller</b> of line 3 or 6. See instructions .....	8		4,144.

**BAA For Paperwork Reduction Act Notice, see separate instructions.**Form **4952** (2007)

**Expenses for Business Use of Your Home**  
 ▶ **File only with Schedule C (Form 1040).**  
**Use a separate Form 8829 for each home you used for business during the year.**  
 ▶ **See separate instructions.**

Name(s) of proprietor(s)

**ANTHONY F. FIORITO**

Your social security number

**077-36-5958**

**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions).....	1	300
2	Total area of home.....	2	3,000
3	Divide line 1 by line 2. Enter the result as a percentage.....	3	10.00 %
<b>For daycare facilities not used exclusively for business go to line 4. All others go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day.....	4	hr
5	Total hours available for use during the year (365 days x 24 hours) (see instructions).....	5	hr
6	Divide line 4 by line 5. Enter the result as a decimal amount.....	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3..... ▶	7	10.00 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, <b>plus</b> any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions.....	8	-2,884.
<b>See instrs for columns (a) and (b) before completing lines 9-21.</b>			
		<b>(a) Direct expenses</b>	<b>(b) Indirect expenses</b>
9	Casualty losses (see instructions).....	9	
10	Deductible mortgage interest (see instructions).....	10	
11	Real estate taxes (see instructions).....	11	5,453.
12	Add lines 9, 10, and 11.....	12	5,453.
13	Multiply line 12, column (b) by line 7.....	13	545.
14	Add line 12, column (a) and line 13.....	14	545.
15	Subtract line 14 from line 8. If zero or less, enter -0-.....	15	0.
16	Excess mortgage interest (see instructions).....	16	
17	Insurance.....	17	1,457.
18	Rent.....	18	
19	Repairs and maintenance.....	19	
20	Utilities.....	20	6,304.
21	Other expenses (see instrs).....	21	
22	Add lines 16 through 21.....	22	7,761.
23	Multiply line 22, column (b) by line 7.....	23	776.
24	Carryover of operating expenses from 2006 Form 8829, line 42.....	24	1,480.
25	Add line 22 in column (a), line 23, and line 24.....	25	2,256.
26	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25.....	26	
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15.....	27	
28	Excess casualty losses (see instructions).....	28	
29	Depreciation of your home from Part III below.....	29	31.
30	Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43.....	30	
31	Add lines 28 through 30.....	31	31.
32	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31.....	32	
33	Add lines 14, 26, and 32.....	33	545.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> , Section B.....	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions..... ▶	35	545.

**Part III Depreciation of Your Home**

36	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions).....	36	203,170.
37	Value of land included on line 36.....	37	148,070.
38	Basis of building. Subtract line 37 from line 36.....	38	55,100.
39	Business basis of building. Multiply line 38 by line 7.....	39	5,510.
40	Depreciation percentage (see instructions).....	40	5.000 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above..... See Statement 7	41	31.

**Part IV Carryover of Unallowed Expenses to 2008**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-.....	42	2,256.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-.....	43	31.

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**ANTHONY F. AND MARGARET FIORITO**

Identifying number

**077-36-5958**

Business or activity to which this form relates

**Part I - Summary**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation. . . . .	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. . . . .	5	125,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	From Schedule K-1		8,597.
7	Listed property. Enter the amount from line 29. . . . .	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	8	8,597.
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8. . . . .	9	8,597.
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562. . . . .	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	125,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . . .	12	8,597.
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12. . . . . ▶	13	0.

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election. . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property. . . . .						
b 5-year property. . . . .						
c 7-year property. . . . .						
d 10-year property. . . . .						
e 15-year property. . . . .						
f 20-year property. . . . .						
g 25-year property. . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life . . . . .					S/L	
b 12-year. . . . .			12 yrs		S/L	
c 40-year. . . . .			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	23	

## Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**ANTHONY F. AND MARGARET FIORITO**

Identifying number

**077-36-5958**

Business or activity to which this form relates

**Schedule C (Business Use of Home) - TONY F FIORITO**

### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 . . . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

### Part III MACRS Depreciation (Do not include listed property.) (See instructions)

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property . . . . .						
b 5-year property . . . . .						
c 7-year property . . . . .						
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .	9/15/07	4,200.	39 yrs	MM	S/L	31.
				MM	S/L	

#### Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life . . . . .				S/L	
b	12-year . . . . .		12 yrs		S/L	
c	40-year . . . . .		40 yrs	MM	S/L	

### Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	31.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	23	

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**ANTHONY F. AND MARGARET FIORITO**

Identifying number

**077-36-5958**

Business or activity to which this form relates

**Schedule C - TONY F FIORITO**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 . . . . .	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property . . . . .						
b 5-year property . . . . .						
c 7-year property . . . . .						
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life . . . . .					S/L	
b 12-year . . . . .			12 yrs		S/L	
c 40-year . . . . .			40 yrs	MM	S/L	

**Part IV Summary** (see instructions)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								<b>24b</b> If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) <b>25</b>									
<b>26</b> Property used more than 50% in a qualified business use:									
2000 CADILLA	1/21/03	56.40							
<b>27</b> Property used 50% or less in a qualified business use:									
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 <b>28</b>							0.		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 <b>29</b>								0.	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles).....	5,946											
<b>31</b> Total commuting miles driven during the year.....	1,920											
<b>32</b> Total other personal (noncommuting) miles driven.....	2,677											
<b>33</b> Total miles driven during the year. Add lines 30 through 32.....	10,543											
<b>34</b> Was the vehicle available for personal use during off-duty hours?.....	X											
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?.....	X											
<b>36</b> Is another vehicle available for personal use?.....	X											

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
<b>39</b> Do you treat all use of vehicles by employees as personal use?.....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2007 tax year.....				<b>43</b>	
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report.....				<b>44</b>	

## Domestic Production Activities Deduction

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) as shown on return

**ANTHONY F. AND MARGARET FIORITO**

Identifying number

**077-36-5958**

<p><b>1</b> Domestic production gross receipts (DPGR) .....</p>	<b>1</b>	
<p><b>2</b> Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 .....</p>	<b>2</b>	
<p><b>3</b> If you are using the section 861 method, enter deductions and losses allocable to DPGR. All others, see instructions. ....</p>	<b>3</b>	
<p><b>4</b> If you are using the small business simplified overall method enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4. ....</p>	<b>4</b>	
<p><b>5</b> Add lines 2 through 4 .....</p>	<b>5</b>	
<p><b>6</b> Subtract line 5 from line 1 .....</p>	<b>6</b>	
<p><b>7</b> Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) .....</p>	<b>7</b>	15,085.
<p><b>8</b> Add line 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 .....</p>	<b>8</b>	15,085.
<p><b>9</b> Amount allocated to beneficiaries of the estate or trust (see instructions) .....</p>	<b>9</b>	
<p><b>10</b> <b>Qualified production activities income.</b> Estates and trusts, subtract line 9 from line 8, all others, enter amount from line 8. If zero or less, enter -0- here, skip lines 11 through 19, and enter -0- on line 20 .....</p>	<b>10</b>	15,085.
<p><b>11</b> Income limitation (see instructions):</p> <ul style="list-style-type: none"> <li>• Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction. ....</li> <li>• All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) .....</li> </ul>	<b>11</b>	1,615,347.
<p><b>12</b> Enter the smaller of line 10 or line 11. If zero or less, enter -0- here, skip lines 13 through 19, and enter -0- on line 20 .....</p>	<b>12</b>	15,085.
<p><b>13</b> Enter 6% of line 12 .....</p>	<b>13</b>	905.
<p><b>14</b> Form W-2 wages (see instructions) .....</p>	<b>14</b>	
<p><b>15</b> Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions) .....</p>	<b>15</b>	59,908.
<p><b>16</b> Add lines 14 and 15. Estates and trusts, go to line 17, all others, skip line 17 and go to line 18 .....</p>	<b>16</b>	59,908.
<p><b>17</b> Amount allocated to beneficiaries of the estate or trust (see instructions) .....</p>	<b>17</b>	
<p><b>18</b> Estates and trusts, subtract line 17 from line 16, all others, enter amount from line 16 .....</p>	<b>18</b>	59,908.
<p><b>19</b> Form W-2 wage limitation. Enter 50% of line 18 .....</p>	<b>19</b>	29,954.
<p><b>20</b> Enter the smaller of line 13 or line 19 .....</p>	<b>20</b>	905.
<p><b>21</b> Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 .....</p>	<b>21</b>	
<p><b>22</b> Expanded affiliated group allocation (see instructions) .....</p>	<b>22</b>	
<p><b>23</b> <b>Domestic production activities deduction.</b> Combine lines 20 through 22 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return .....</p>	<b>23</b>	905.

ANTHONY F. AND MARGARET FIORITO

077-36-5958

**Statement 1  
Form 1040  
Wage Schedule**

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
PYRAMID MANAGEMENT GROUP INC	25,213.	1,783.	1,563.	366.	827.	
PARTNERSHIP PROPERTIES INC	327,000.	20,012.	6,045.	4,742.	6,179.	
Total	352,213.	21,795.	7,608.	5,108.	7,006.	0.

<u>Spouse - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
PARTNERSHIP PROPERTIES INC	59,665.	10,783.	3,699.	865.	3,160.	
Total	59,665.	10,783.	3,699.	865.	3,160.	0.
Grand Total	411,878.	32,578.	11,307.	5,973.	10,166.	0.

**Statement 2  
Schedule A, Line 6  
Real Estate Taxes**

Home Office Nonbusiness Allocation.....	\$	4,908.
Total	\$	<u>4,908.</u>

**Statement 3  
Schedule A, Line 14  
Investment Interest**

Investment Interest Carryover.....	\$	1,940.
KEYBANK.....		2,204.
Total	\$	<u>4,144.</u>

**Statement 4  
Schedule A, Line 16  
Contributions by Cash or Check**

Charitable Contributions from K-1.....	\$	2,113.
HOPE APPEAL.....		500.
ST JOSEPH'S.....		1,360.
VARIOUS.....		615.
Total	\$	<u>4,588.</u>

## ANTHONY F. AND MARGARET FIORITO

077-36-5958

**Statement 5**  
**Schedule E, Page 2**  
**Part II - Income or Loss From Partnerships and S Corporations**

Name	Type	X if Foreign	Employer I.D. No.	Any Invst. Not At Risk	PTP	Passive Loss From Form 8582	Passive Inc. From Sch. K-1	NonPassive Loss From Sch. K-1	Section 179 Deduction	NonPassive Income From K-1
215 WALLACE ST PTR	P		16-1289807				\$ 5,186.			
600 ERIE PLACE PTR	P		16-1215608				13,351.			
410-418 S CROUSE ASSOC	P		16-1285854				26,017.			
COOLIDGE SALINA STREET LLC	P		16-1206185				51,374.			
600 ERIE PLACE PTR II	P		16-1302788				1,124.			
HOUSING PARTNERSHIP	P		16-1402437				9,118.			
ATRIUM ASSOCIATES, L.L.C.	P		16-1581115				129,295.			
VINEGAR HILL, LLC	P		20-1308042	X		\$ 24,270.				
C B D BUILDERS LLC	P		20-3683029					\$ 8,597.	\$ 21,868.	
WARREN PARKING ASSOCIATES LLC	P		20-3863349							
ARMORY PARKING ASSOCIATES LLC	P		20-5714110			14,841.				
CBD BUILDERS II, LLC	P		20-5470137							
VINEGAR HILL LLC	P		20-1308042							
CENTRAL NEW YORK ASSOCIATES LLC	P		20-5648826				292.			
1401 ERIE BOULEVARD EAST LLC	P		26-0622726				6,637.			
ONE CLINTON SQUARE ASSOCIATES LLC	P		26-0622844				753.			
FRESH CONCEPTS GROUP LLC	P		26-0257145							
NEW YORK NOODLES LLC	P		26-0257244							
STATE TOWER REALTY ASSOC. INC.	S		16-1375538				13,366.			
PARTNERSHIP PROPERTIES HOLDINGS, INC.	S		16-1606740							69,721.
Total						\$ 39,111.	\$ 256,513.	\$ 0.	\$ 8,597.	\$ 91,589.

ANTHONY F. AND MARGARET FIORITO

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**Statement 6**  
**Schedule SE, Page 2**  
**Taxpayer's Self-Employment Income from Passthrough Entities**

<u>C B D BUILDERS LLC</u>	
Self-employment income from entity.....	\$ 21,868.
Section 179 expense.....	-8,597.
Total \$	<u>13,271.</u>
<u>CENTRAL NEW YORK ASSOCIATES LLC</u>	
Self-employment income from entity.....	172.
Total \$	<u>172.</u>
Total SE Income - Nonfarm	<u>\$ 13,443.</u>

**Statement 7**  
**Form 8829, Line 41**  
**Depreciation Allowable**

1. Cost/Basis.....	42,000.
2. Business Percent.....	10.00%
3. Depreciation Basis (line 1 multiplied by line 2).....	4,200.
4. Depreciation Rate.....	.749%
5. Depreciation of Improvements (line 3 multiplied by line 4).....	<u>31.</u>

## ANTHONY F. AND MARGARET FIORITO

077-36-5958

REAL BONFIRE LLC FEDERAL ID#20-2976493 IS A SINGLE MEMBER DISREGARDED ENTITY FOR FEDERAL AND NEW YORK STATE TAX PURPOSES.  
ANTHONY FIORITO SS# 077-36-5958 IS THE OWNER OF THIS ENTITY. REAL BONFIRE ID#20-2976493.

ON JANUARY 1, 2007 ANTHONY FIORITO SOLD HIS ENTIRE INTEREST IN REAL BONFIRE LLC TO CENTRAL NY ASSOCIATES LLC.

THE REPORTING ENTITIES WERE:

VINEGAR HILL LLC  
ID# 20-1308042  
PO BOX 11297  
SYRACUSE, NY 13218

AND

WARREN PARKING ASSOCIATES LLC  
ID# 20-3863349  
2 CLINTON SQ SUITE 120  
SYRACUSE, NY 13202

For office use only

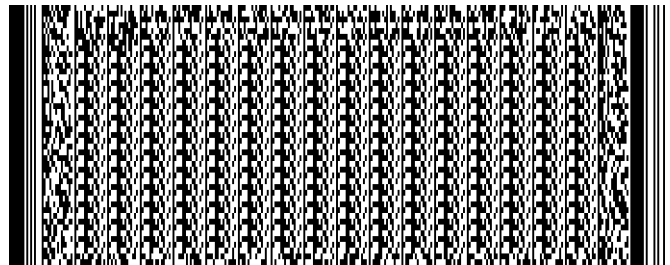
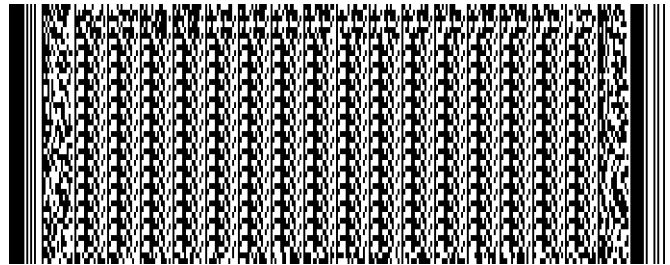
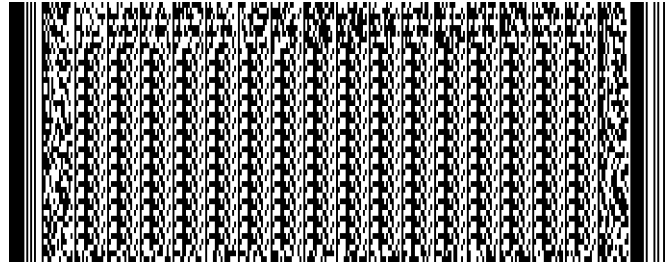
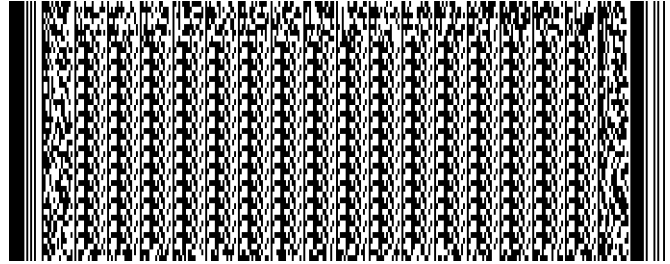
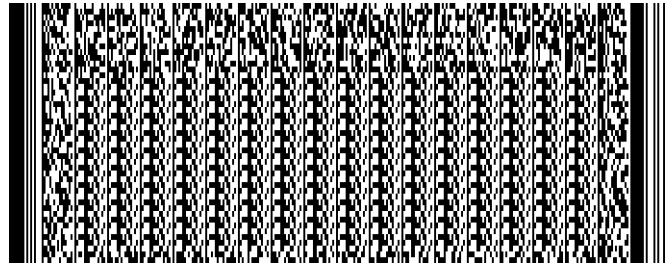
# Cover Sheet for Form IT-201 Resident Income Tax Return

New York State • New York City • Yonkers

2007

IT-201

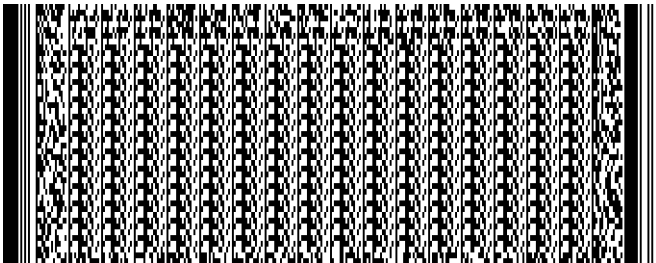
This is the cover sheet of your return. For your return to be complete you **must** include this cover sheet with all four pages of Form IT-201 and all required attachments.



<b>Taxpayer name and address</b>		Software vendor code 1032	
Your social security number 077-36-5958	Spouse's social security number 078-40-1238		
Your first name and middle initial ANTHONY F	Your last name FIORITO		
Spouse's first name and middle initial MARGARET	Spouse's last name FIORITO		
Mailing address (number and street or rural route) 3940-PAWNEE DR		Apartment number	
City, village or post office LIVERPOOL	State NY	ZIP code 13090	
<b>Summary of return data</b>			
Federal adjusted gross income . . . . .	1,614,442.		
Total NYS adjusted gross income . . . . .	1,615,203.		
Total New York State tax withheld . . . . .	10,166.		
Total New York City tax withheld . . . . .			
Total Yonkers tax withheld . . . . .			
Amount to be refunded to you . . . . .	92,546.		
Amount you owe . . . . .			

NYIA1305L 08/16/07

Staple check or money order here.



0731071032



File this original scannable cover sheet with all four pages of your tax return.

2007

Resident Income Tax Return (long form)

IT-201

New York State • New York City • Yonkers

For the full year January 1, 2007, through December 31, 2007, or fiscal year beginning

For help completing your return, see the instructions.

and ending

Attach label, or print or type

Important: You must enter your social security number(s) in the boxes to the right.

Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below)

ANTHONY F FIORITO

Spouse's first name and middle initial Spouse's last name

MARGARET FIORITO

Mailing address (see instructions) (number and street or rural route) Apartment number

3940-PAWNEE DR

City, village, or post office

State

ZIP code

LIVERPOOL

NY

13090

Apartment number

Your social security number

077-36-5958

Spouse's social security number

078-40-1238

New York State county of residence

ONON

School district name

LIVERPOOL

School district code number . . . 348

Permanent home address (see instructions) (number and street or rural route)

City, village, or post office

State

ZIP code

NY

Decedent information:

Taxpayer's date of death

Spouse's date of death

- (A) Filing status - mark an X in one box: 1 Single, 2 X Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child

(D) If you do not need a NYS income tax forms packet mailed to you next year, mark and X in the box (see instructions) . . . . . X

(E) Did you or your spouse maintain living quarters in NYC during 2007 (see instructions)? . . . . . Yes No X

(F) NYC residents and NYC part-year residents only (see instructions): (1) Number of months you lived in New York City in 2007 . . . . . (2) Number of months your spouse lived in New York City in 2007 . . . . .

(B) Did you itemize your deductions on your 2007 federal income tax return? . . . Yes X No

(G) Enter your 2-digit special condition code if applicable (see instructions) . . . . .

(C) Can you be claimed as a dependent on another taxpayer's federal return? . . . Yes No X

If applicable, also enter your second 2-digit special condition code . . . . .

Federal income and adjustments

Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see instructions). Also see instructions for showing a loss.

Table with 3 columns: Line number, Description, and Dollars. Rows include Wages, salaries, tips, etc. (411,878), Taxable interest income (7,946), Ordinary dividends (791), Taxable refunds, credits, or offsets of state and local income taxes, Alimony received, Business income or loss (-3,429), Capital gain or loss (674,063), Other gains or losses, Taxable amount of IRA distributions, Taxable amount of pensions and annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc (300,394), Farm income or loss, Unemployment compensation, Taxable amount of social security benefits, Other income (233,838), Add lines 1 through 15 (1,625,481), Total federal adjustments to income (11,039), Subtract line 17 from line 16 (1,614,442).

(continued on page 2)



077-36-5958

ANTHONY F. AND MARGARET FIO

Dollars

19 Enter the amount from line 18 on page 1. This is your **federal adjusted gross income** ..... 19.

1,614,442.

**New York additions** (see instructions)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) ..... 20.  
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see instructions) .. 21.  
 22 New York's 529 college savings program distributions (see instructions)..... 22.  
 23 Other (see instructions) Identify: SEE STATEMENT 2 ..... 23.  
 24 Add lines 19 through 23 ..... 24.

962.  
 671.  
 1,616,075.

**New York subtractions** (see instructions)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4, pg 1).... 25.  
 26 Pensions of NYS and local governments and the federal government (see instrs)..... 26.  
 27 Taxable amount of social security benefits (from line 14 on page 1)..... 27.  
 28 Interest income on U.S. government bonds..... 28.  
 29 Pension and annuity income exclusion (see instructions)..... 29.  
 30 New York's 529 college savings program deduction / earnings..... 30.  
 31 Other (see instrs) . Identify: SEE STATEMENT 3 ..... 31.  
 32 Add lines 25 through 31 ..... 32.  
 33 Subtract line 32 from line 24. This is your **New York adjusted gross income** ..... 33.

872.  
 872.  
 1,615,203.

**Standard deduction or itemized deduction** (see instructions)

34 Enter your **standard deduction** (from the table below) or your **itemized deduction** (from the worksheet below). Mark an X in the appropriate box: • X **Standard** .. or .... • **Itemized** 34.  
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)..... 35.  
 36 Dependent exemptions (not the same as the total federal exemptions; see instructions)..... 36.  
 37 Subtract line 36 from line 35. This is your **taxable income**..... 37.

15,000.  
 1,600,203.  
 1,600,203.

or

**New York State standard deduction table**

Filing status	Standard deduction - enter on line 34 above.
1 Single and you marked item C on page 1 <b>Yes</b> .....	\$ 3,000
1 Single and you marked item C on page 1 <b>No</b> .....	7,500
2 Married filing joint return.....	15,000
3 Married filing separate return...	7,500
4 Head of household (with qualifying person).....	10,500
5 Qualifying widow(er) with dependent child.....	15,000

**New York State itemized deduction worksheet**

a Medical and dental expenses (from federal Schedule A, line 4).....	a.
b Taxes you paid (from federal Schedule A, line 9).....	b.
c Interest you paid (from federal Schedule A, line 15).....	c.
d Gifts to charity (from federal Schedule A, line 19).....	d.
e Casualty and theft losses (from federal Schedule A, line 20).....	e.
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27).....	f.
g Other miscellaneous deductions (from federal Schedule A, line 28).....	g.
h Enter amount from federal Schedule A, line 29.....	h.
i State, local, and foreign income taxes and other subtraction adjustments (see instrs).....	i.
j Subtract line i from line h.....	j.
k Addition adjustments (see instrs).....	k.
l Add lines j and k.....	l.
m Itemized deduction adjustment (see instructions).....	m.
n Subtract line m from line l.....	n.
o College tuition itemized deduction (see Form IT-272).....	o.
p Add lines n and o. This is your <b>New York State itemized deduction; enter on line 34 above</b> .....	p.

(continued on page 3)

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ANTHONY F. AND MARGARET FIORITO

077-36-5958

**Tax computation, credits, and other taxes** (see instructions)

<b>38</b>	Enter the amount from <b>line 37</b> on page 2. This is your <b>taxable income</b> .....	<b>38.</b>	1,600,203.
<b>39</b>	NY State tax on <b>line 38</b> amount (see <b>Tax Computation</b> in the instructions) .....	<b>39.</b>	109,614.
<b>40</b>	New York State household credit (from table 1, 2, or 3 in the instructions) .....	<b>40.</b>	
<b>41</b>	Resident credit (attach Form IT-112-R or IT-112-C, or both; see instructions) .....	<b>41.</b>	
<b>42</b>	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form) .....	<b>42.</b>	20,226.
<b>43</b>	Add lines 40, 41 and 42 .....	<b>43.</b>	20,226.
<b>44</b>	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44.</b>	89,388.
<b>45</b>	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form) .....	<b>45.</b>	
<b>46</b>	<b>Add lines 44 and 45.</b> This is the total of your <b>New York State taxes</b> .....	<b>46.</b>	89,388.

**New York City and Yonkers taxes, credits, and tax surcharges**

<b>47</b>	New York City resident tax on <b>line 38</b> amount (see instructions) .....	<b>47.</b>	
<b>48</b>	New York City household credit (from table 4, 5, or 6 in instructions) .....	<b>48.</b>	
<b>49</b>	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49.</b>	
<b>50</b>	Part-year New York City resident tax (attach Form IT-360.1) .....	<b>50.</b>	
<b>51</b>	Other New York City taxes (from Form IT-201-ATT, line 34; attach form) .....	<b>51.</b>	
<b>52</b>	Add lines 49, 50, and 51 .....	<b>52.</b>	
<b>53</b>	New York City nonrefundable credits (from Form IT-201-ATT, line 10; attach form) .....	<b>53.</b>	
<b>54</b>	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54.</b>	
<b>55</b>	Yonkers resident income tax surcharge (see instructions) .....	<b>55.</b>	
<b>56</b>	Yonkers <b>nonresident</b> earnings tax (attach Form Y-203) .....	<b>56.</b>	
<b>57</b>	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1) .....	<b>57.</b>	
<b>58</b>	<b>Add lines 54 through 57.</b> This is the total of your <b>New York City and Yonkers taxes/surcharges</b> .....	<b>58.</b>	
<b>59</b>	<b>Sales or use tax</b> See instructions. <b>Do not leave line 59 blank</b> .....	<b>59.</b>	0.

◀ **New York City (NYC) and Yonkers residents only:**  
See instructions for figuring NYC and Yonkers taxes, credits, and tax surcharges.

**Voluntary contributions** (whole dollar amounts only; see instructions)

<b>60a</b>	Return a Gift to Wildlife .....	<b>60a.</b>	
<b>60b</b>	Missing/Exploited Children Fund .....	<b>60b.</b>	
<b>60c</b>	Breast Cancer Research Fund .....	<b>60c.</b>	
<b>60d</b>	Alzheimer's Fund .....	<b>60d.</b>	
<b>60e</b>	Olympic Fund (\$2 or \$4; see instructions) .....	<b>60e.</b>	
<b>60f</b>	Prostate Cancer Research Fund .....	<b>60f.</b>	
<b>60g</b>	WTC Memorial Fund .....	<b>60g.</b>	
<b>60</b>	<b>Add lines 60a through 60g.</b> This is your total <b>voluntary contributions</b> .....	<b>60.</b>	
<b>61</b>	<b>Add lines 46, 58, 59, and 60.</b> This is your total <b>New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions</b> .....	<b>61.</b>	89,388.

(continued on page 4)

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You must file all four pages of this original scannable return with the Tax Department.



Enter your social security number

077-36-5958

ANTHONY F. AND MARGARET FIORITO

62 Enter the amount from line 61 on page 3. This is your total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions 62. 89,388.

Payments and refundable credits (see instructions)

63 Empire State child credit (attach Form IT-213) 63.
64 NYS/NYC State child and dependent care credit (attach Form IT-216) 64.
65 NY State earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NY State noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68.
69 NY City school tax credit (also complete (F) on pg 1; see instrs) 69.
70 NY City earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71. 171,768.
72 Total New York State tax withheld 72. 10,166.
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments / Amount paid with Form IT-370 75.
76 Add lines 63 through 75. This is the total of your payments 76. 181,934.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R.

Staple them (and any other applicable forms) to the top of page 4.

See the instructions for the proper assembly of your four-page return and all attachments.

Your refund / amount overpaid (see instructions)

77 If line 76 is more than line 62, subtract line 62 from line 76 77. 92,546.
78 Amount of line 77 that you want refunded to you (for Direct Deposit, see Account information on line 82) Refund 78. 92,546.
79 Estimated tax only. Amount of line 77 that you want applied to your 2008 estimated tax. (Do not include any amount that you claimed as a refund on line 78.) 79.

Amount you owe (see instructions)

80 If line 76 is less than line 62, subtract line 76 from line 62. (For Payment options see instructions; for electronic funds withdrawal, see Account information on line 82 below) Owe 80.
81 Estimated tax penalty (Include this amount on line 80, or reduce the overpayment on line 77. See instructions.) 81.

NYIA1334L 11/20/07

Account information (see instructions)

82 Mark one box: Refund - Direct Deposit or Owe -
82a Routing number:
82b Account number:
82c Account Type: Checking Savings

Electronic funds withdrawal effective date:

You can choose to have your refund directly deposited into your bank account. Or, you can have the amount of any New York State tax you owe automatically withdrawn from your bank account. See the instructions and fill in lines 82, 82a, 82b, and 82c.

Sign your return below. We Cannot Process Unsigned Returns.

Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes X (complete the following) No
Third-party designee JOHN D. SHANNON, E.A. Designee's name
315-363-1740 Designee's phone number
68562 Personal identification number (PIN)

Paid preparer's use only

Sign your return here

Preparer's signature

Your signature

JOHN D. SHANNON, E.A.

Preparer's SSN or PTIN

P00068562

Employer identification number

16-1428757

Your occupation: PROPERTY MANAGER

Spouse's signature (if joint return)

Firm's name (or yours, if self-employed)

JOHN D. SHANNON, E.A.

Address

112 FARRIER AVE., SUITE 314
ONEIDA, NY 13421

Mark X if self-employed X

Date 06-11-2008

Spouse's occupation (if joint return): ADMINISTRATIVE

Date

Daytime phone number

Mail your completed return and any attachments to:

STATE PROCESSING CENTER
PO BOX 61000
ALBANY NY 12261-0001

You must file all four pages of this original scannable return with the Tax Department.

2014071032



Summary of Form W-2 Statements
New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Taxpayer's first name and middle initial: ANTHONY
Taxpayer's last name: F FIORITO
Your social security number: 077-36-5958
Spouse's first name and middle initial: MARGARET
Spouse's last name: FIORITO
Spouse's social security number: 078-40-1238

W-2 Record 1

Box c Employer's name and full address (including ZIP code)
PYRAMID MANAGEMENT GROUP INC
4 CLINTON SQUARE

SYRACUSE NY 13202

Box b Employer identification number (EIN): 16-1289049
Box 12a Amount: 213.
Box 12b Amount
Box 12c Amount
Box 12d Amount
Box 13 Statutory employee
Box 14a Amount
Box 14b Amount
Box 14c Amount
Box 15 State: NY
Box 16 State wages, tips, etc (for NYS): 25,213.
Box 17 New York State income tax withheld: 827.
Box 18 Local wages, tips, etc
Box 19 Local income tax withheld
Box 20 Locality name

Corrected (W-2c)

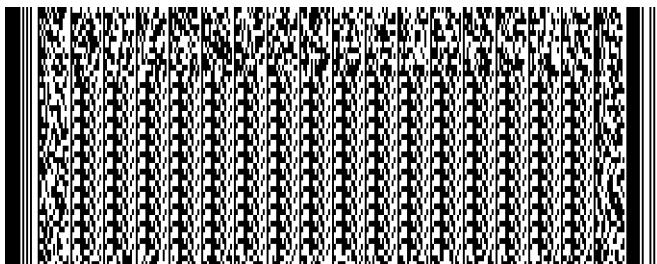
Do not detach. W-2 Record 2

Box c Employer's name and full address (including ZIP code)
PARTNERSHIP PROPERTIES INC
2 CLINTON SQ

SYRACUSE NY 13202

Box b Employer identification number (EIN): 16-1266446
Box 12a Amount
Box 12b Amount
Box 12c Amount
Box 12d Amount
Box 13 Statutory employee
Box 14a Amount
Box 14b Amount
Box 14c Amount
Box 15 State: NY
Box 16 State wages, tips, etc (for NYS): 327,000.
Box 17 New York State income tax withheld: 6,179.
Box 18 Local wages, tips, etc
Box 19 Local income tax withheld
Box 20 Locality name

Corrected (W-2c)



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021071032



Summary of Form W-2 Statements
New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Taxpayer's first name and middle initial: ANTHONY
Taxpayer's last name: F FIORITO
Your social security number: 077-36-5958
Spouse's first name and middle initial: MARGARET
Spouse's last name: FIORITO
Spouse's social security number: 078-40-1238

W-2 Record 1

Box c Employer's name and full address (including ZIP code)
PARTNERSHIP PROPERTIES INC
2 CLINTON SQ

SYARCUSE NY 13202

Box 12a Amount
Box 12b Amount
Box 12c Amount
Box 12d Amount
Box 13 Statutory employee
Box 14a Amount
Box 14b Amount
Box 14c Amount
Box 15 State NY
Box 16 State wages, tips, etc (for NYS) 59,665.
Box 17 New York State income tax withheld 3,160.
Box 18 Local wages, tips, etc
Box 19 Local income tax withheld
Box 20 Locality name

Corrected (W-2c)

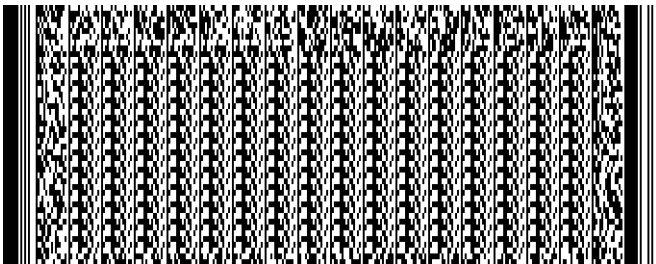
Do not detach.

Box c Employer's name and full address (including ZIP code)

W-2 Record 2

Box 12a Amount
Box 12b Amount
Box 12c Amount
Box 12d Amount
Box 13 Statutory employee
Box 14a Amount
Box 14b Amount
Box 14c Amount
Box 15 State
Box 16 State wages, tips, etc (for NYS)
Box 17 New York State income tax withheld
Box 18 Local wages, tips, etc
Box 19 Local income tax withheld
Box 20 Locality name

Corrected (W-2c)



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

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Other Tax Credits and Taxes

Attachment to Form IT-201

See the instructions for completing Form IT-201-ATT in the combined instructions, Form IT-150/201-I, or the IT-RP-1 resident packet instructions.

Name(s) as shown on your Form IT-201:

Your social security number

ANTHONY F. AND MARGARET FIORITO

077-36-5958

- Complete all parts that apply. Attach this Form IT-201-ATT, and any other forms that apply, to your four-page Form IT-201.

Part 1 - Other New York State, New York City, and Yonkers tax credits

Section A - New York State nonrefundable/non-carryover credits

Dollars

- 1 Accumulation distribution credit (see instructions; attach computation) 1.
2 Other nonrefundable/non-carryover credits (from the chart in the instructions; attach all applicable forms):

Table with columns Code, Dollars, Code, Dollars. Row 2a: 164, 14,891. Row 2b: Total other nonrefundable/non-carryover credits (add lines 2a and 2b) 2. 14,891.

Section B - New York State nonrefundable/carryover credits (see instructions)

- 3 Long-term care insurance credit (attach Form IT-249) 3.
4 Investment credit (attach Form IT-212) 4.
5 Solar energy system equipment credit (attach Form IT-255) 5.
6 Other nonrefundable/carryover credits (from the chart in the instructions; attach all applicable forms):

Table with columns Code, Dollars, Code, Dollars. Row 6a: 161, 5,335. Rows 6h-6n: 6h, 6i, 6j, 6k, 6l, 6m, 6n.

- Total other nonrefundable/carryover credits (add lines 6a through 6n) 6. 5,335.
7 Add lines 1 through 6. This is your total New York State nonrefundable credits. Enter here and on Form IT-201, line 42 (see instructions, Section B) 7. 20,226.

Section C - New York City nonrefundable/non-carryover credits

- 8 New York City resident UBT credit (attach Form IT-219) 8.
9 New York City accumulation distribution credit (see instructions; attach computation) 9.
9a Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216) 9a.
10 Add lines 8, 9 and 9a. This is your total other New York City nonrefundable credits. Enter here and on Form IT-201, line 53 10.

Section D - New York State, New York City, and Yonkers refundable credits

- 11 Farmers' school tax credit (attach Form IT-217) 11.
12 Other refundable credits (from the chart in the instructions; attach all applicable forms):

Table with columns Code, Dollars, Code, Dollars. Row 12a: 166, 171,768. Rows 12g-12l: 12g, 12h, 12i, 12j, 12k, 12l.

- Total other refundable credits (add lines 12a through 12l) 12. 171,768.
13 Add lines 11 and 12 (continued on page 2) 13. 171,768.



FIORITO, ANTHONY F. AND MARGARET

**Part 1 — Section D — New York State, New York City, and Yonkers refundable credits (continued)**

	Dollars
14 Enter the amount from line 13 on page 1.....	171,768.
<b>Claim of right credits</b>	
15 New York State claim of right credit (attach Form IT-257).....	15.
16 New York City claim of right credit (attach Form IT-257).....	16.
17 Yonkers claim of right credit (attach Form IT-257).....	17.
18 Add lines 14 through 17. This is your total New York State, New York City, and Yonkers other refundable credits. Enter here and on Form IT-201, line 71.....	18. 171,768.

**Part 2 — Other New York State taxes**

- If you are subject to other New York State taxes as listed below and in the chart in the instructions, complete Part 2 and attach this Form IT-201-ATT to your return

19 New York State tax on capital gain portion of lump-sum distributions (attach Form IT-230).....	19.
20 Other New York State taxes (from the chart in the instructions; attach all applicable forms):	

Code	Dollars	Code	Dollars
20a.		20g.	
20b.		20h.	
20c.		20i.	
20d.		20j.	
20e.		20k.	
20f.		20l.	

Total other New York State taxes (add lines 20a through 20l)..... 20.

21 Add lines 19 and 20..... 21.

22 See Line 22 instructions.....	22.	20,226.
23 Amount from Form IT-201, line 39.....	23.	109,614.
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank).....	24.	
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank).....	25.	

26 New York State separate tax on lump-sum distributions (attach Form IT-230)..... 26.

27 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1)..... 27.

28 Subtract line 27 from line 26..... 28.

29 New York State minimum income tax (attach Form IT-220)..... 29.

30 Add lines 25, 28, and 29. This is your total net other New York State taxes. Enter here and on Form IT-201, line 45..... 30.

**Part 3 — Other New York City taxes**

31 New York City minimum income tax (attach Form IT-220).....	31.
32 New York City resident separate tax on lump-sum distributions (attach Form IT-230).....	32.
33 New York City tax on capital gain portion of lump-sum distributions (attach Form IT-230).....	33.
34 Add lines 31, 32, and 33. This is your total other New York City taxes. Enter here and on Form IT-201, line 51.....	34.



MAIL FORM IT-370 TO:

EXTENSION REQUEST-NR  
P.O. BOX 4126

BINGHAMTON, NY 13902-4126

▼ Detach here ▼

2007 New York State Department of Taxation and Finance **Application for Automatic Six-Month Extension of Time to File for Individuals IT-370**

To get this extension, you **must** pay in full the balance due with this form. Attach check or money order payable to **New York State Income Tax**, write your social security number and **2007 Income Tax** on your remittance and staple it to the top of this form.

NY1A2701L 06/20/07

<b>Your</b> social security number (SSN) 077-36-5958	Spouse's social security number 078-40-1238	
<b>Your</b> first name and middle initial ANTHONY F.	<b>Your</b> last name FIORITO	
Spouse's first name and middle initial MARGARET	Spouse's last name FIORITO	
Mailing address (number and street or rural route) 3940-PAWNEE DR		Apartment number
City, village or post office (see instructions) LIVERPOOL	State NY	ZIP code 13090

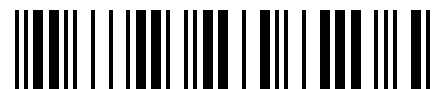
Mark an X in the box for each tax that you are subject to:

New York State tax  New York City tax  Yonkers tax

Dollars

- Sales and use tax .....
- Total payment .....

3701071032



3701071032 077365958 6

ANTHONY F. AND MARGARET FIORITO

077-36-5958

**STATEMENT 1**  
**FORM IT-201, LINE 17**  
**ADJUSTMENTS TO INCOME**

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION.....	\$	905.
ONE HALF OF SELF-EMPLOYMENT TAX.....		134.
SPOUSE'S IRA DEDUCTION.....		5,000.
TAXPAYER'S IRA DEDUCTION.....		5,000.
	TOTAL \$	<u>11,039.</u>

**STATEMENT 2**  
**FORM IT-201, LINE 23**  
**OTHER ADDITIONS**

A-23 :PRO RATA SHARE OF S CORP INCOME TAX.....	\$	258.
16 :ERIE PLACE PTR(16-1215608).....		133.
16 :COOLIDGE SALINA LLC 16-1206185.....		121.
16 :600 ERIE PLACE II(16-1302788).....		153.
16 :410-418 S CROUSE 16-1285854.....		6.
	TOTAL \$	<u>671.</u>

**STATEMENT 3**  
**FORM IT-201, LINE 31**  
**OTHER SUBTRACTIONS**

21 :ERIE PLACE PTR(16-1215608).....	\$	265.
21 :COOLIDGE SALINA LLC(16-1206185).....		242.
21 :600 ERIE PLACE II(16-1302788).....		314.
21 :410-418 S CROUSE 16-1285854.....		13.
22 :410-418 S CROUSE 16-1285854.....		38.
	TOTAL \$	<u>872.</u>

## ANTHONY F. AND MARGARET FIORITO

077-36-5958

REAL BONFIRE LLC FEDERAL ID#20-2976493 IS A SINGLE MEMBER DISREGARDED ENTITY FOR FEDERAL AND NEW YORK STATE TAX PURPOSES.  
ANTHONY FIORITO SS# 077-36-5958 IS THE OWNER OF THIS ENTITY. REAL BONFIRE ID#20-2976493.

ON JANUARY 1, 2007 ANTHONY FIORITO SOLD HIS ENTIRE INTEREST IN REAL BONFIRE LLC TO CENTRAL NY ASSOCIATES LLC.

THE REPORTING ENTITIES WERE:

VINEGAR HILL LLC  
ID# 20-1308042  
PO BOX 11297  
SYRACUSE, NY 13218

AND

WARREN PARKING ASSOCIATES LLC  
ID# 20-3863349  
2 CLINTON SQ SUITE 120  
SYRACUSE, NY 13202